



JUL 05 2002

0002/PTO(modified)  
Rev. 10/2001  
U.S. Department of Commerce  
Patent and Trademark Office

## FEE TRANSMITTAL

## TOTAL AMOUNT OF PAYMENT

Subtotal (1) + Subtotal (2) + Subtotal (3) = **( \$( ) .00 )**

Complete if Known

|                      |                  |
|----------------------|------------------|
| Application Number   | 09/844,790       |
| Filing Date          | April 26, 2001   |
| First Named Inventor | Michael D. Doyle |
| Group Art Unit       | 2131             |
| Examiner Name        | Unassigned       |

RECEIVED

JUL 09 2002

Technology Center 2100

| METHOD OF PAYMENT  |                              | FEE CALCULATION (continued)   |                              |                 |          |                                      |                              |                 |          |                                   |           |                                     |                          |          |          |  |          |             |   |   |  |           |          |  |          |           |           |   |     |                        |                                 |  |  |             |           |   |   |             |           |  |        |           |           |  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |                  |  |  |  |  |  |                              |                              |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |   |  |  |  |          |          |          |     |         |     |                        |                                 |         |  |       |        |         |   |   |       |        |        |   |   |  |  |  |  |  |   |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |
|--|------------------------------|---|------------------------------|-----------------|----------|--------------------------------------|------------------------------|-----------------|----------|-----------------------------------|-----------|-------------------------------------|--------------------------|----------|----------|--|----------|-------------|---|---|--|-----------|----------|--|----------|-----------|-----------|---|-----|------------------------|---------------------------------|--|--|-------------|-----------|---|---|-------------|-----------|--|--------|-----------|-----------|--|--|-------------|-----------|--|--|-------------|-----------|--------------------------------|--|-----------|-----------|------------------|--|-----------|-----------|-------------------------------|--|-----------|-----------|--|--|-----------|-----------|---|--|----------|----------|--|--|-----------|-----------|---|--|-----------|-----------|--|--|----------------------|--|--|--|----------------------|--|--|--|---------------------|--|------------------|--|--|--|--|--|------------------------------|------------------------------|-----------------|----------|---------|------------------------|----------|----------|-----------------------------------|-----------|-----------|--------------------------|----------|----------|---|----------|---------|---|---|--|--|--|----------|----------|----------|-----|---------|-----|------------------------|---------------------------------|---------|--|-------|--------|---------|---|---|-------|--------|--------|---|---|--|--|--|--|--|---|--|--|--|--|--|--------------------------------------|--|--|--|--|--|--|--|--|--|
| <b>1. The Commissioner is hereby authorized to:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Charge the indicated fees to the below mentioned deposit account.</li> <li><input checked="" type="checkbox"/> Charge any additional fee required under 37 CFR 1.16 - 1.21 or credit any over payments to the below mentioned deposit account. †</li> <li><input type="checkbox"/> Applicant claims small entity status<br/>See 37 CFR 1.27</li> </ul>   |                              | <b>3. ADDITIONAL FEES</b> <table border="1"> <thead> <tr> <th>Large Entity<br/>Fee Code/Fee</th> <th>Small Entity<br/>Fee Code/Fee</th> <th>Fee Description</th> <th>Fee Due</th> </tr> </thead> <tbody> <tr><td>105/\$130</td><td>205/\$65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127/\$50</td><td>227/\$25</td><td>Surcharge-late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>147/\$2,520</td><td>147/\$2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>115/\$110</td><td>215/\$55</td><td>Extension for response within first month†</td><td></td></tr> <tr><td>116/\$400</td><td>216/\$200</td><td>Extension for response within second month†</td><td></td></tr> <tr><td>117/\$920</td><td>217/\$460</td><td>Extension for response within third month†</td><td></td></tr> <tr><td>118/\$1,440</td><td>218/\$720</td><td>Extension for response within fourth month†</td><td></td></tr> <tr><td>128/\$1,960</td><td>228/\$980</td><td>Extension for response within fifth month†</td><td></td></tr> <tr><td>119/\$320</td><td>219/\$160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>141/\$1,280</td><td>241/\$640</td><td>Petition to revive unintentionally abandoned application</td><td></td></tr> <tr><td>142/\$1,280</td><td>242/\$640</td><td>Utility Issue Fee (Or Reissue)</td><td></td></tr> <tr><td>143/\$460</td><td>243/\$230</td><td>Design Issue Fee</td><td></td></tr> <tr><td>122/\$130</td><td>122/\$130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>126/\$180</td><td>126/\$180</td><td>Submission of Information Disclosure Statement</td><td></td></tr> <tr><td>179/\$740</td><td>279/\$370</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>581/\$40</td><td>581/\$40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>146/\$740</td><td>246/\$370</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>149/\$740</td><td>249/\$370</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td colspan="4">Other fee (specify):</td></tr> <tr><td colspan="4">Other fee (specify):</td></tr> <tr> <td colspan="2"><b>SUBTOTAL (1)</b></td> <td colspan="4"><b>(\$ .00 )</b></td> </tr> <tr> <td colspan="2"> <b>2. CLAIMS</b> <table border="1"> <thead> <tr> <th>Large Entity<br/>Fee Code/Fee</th> <th>Small Entity<br/>Fee Code/Fee</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>103/\$18</td><td>203/\$9</td><td>Claims in excess of 20</td></tr> <tr><td>102/\$84</td><td>202/\$42</td><td>Independent claims in excess of 3</td></tr> <tr><td>104/\$280</td><td>204/\$140</td><td>Multiple dependent claim</td></tr> <tr><td>109/\$84</td><td>209/\$42</td><td>Reissue independent claims over original patent</td></tr> <tr><td>110/\$18</td><td>210/\$9</td><td>Reissue claims in excess of 20 and over original patent</td></tr> </tbody> </table> </td> <td colspan="4"> <b>SUBTOTAL (3)</b> <b>(\$ .00 )</b> <table border="1"> <thead> <tr> <th>(Col. 1)</th> <th>(Col. 2)</th> <th>(Col. 3)</th> <th>Fee</th> <th>Fee Due</th> </tr> <tr> <th>For</th> <th>No. of Existing Claims</th> <th>Highest No. Previously Paid For</th> <th>Extra**</th> <th></th> </tr> </thead> <tbody> <tr> <td>TOTAL</td> <td>minus*</td> <td>20 or 0</td> <td>=</td> <td>x</td> </tr> <tr> <td>INDEP</td> <td>minus*</td> <td>3 or 0</td> <td>=</td> <td>x</td> </tr> <tr> <td colspan="5">[ ] First presentation of multiple dependent claim</td> </tr> </tbody> </table> </td> </tr> <tr> <td colspan="6" style="text-align: center;">* Subtract the greater number of Col. 2</td> <td colspan="2"><b>SUBTOTAL (2)</b> <b>(\$ .00 )</b></td> </tr> <tr> <td colspan="6" style="text-align: center;">** If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3</td> <td colspan="2"></td> </tr> </tbody> </table> |                              |                 |          | Large Entity<br>Fee Code/Fee         | Small Entity<br>Fee Code/Fee | Fee Description | Fee Due  | 105/\$130                         | 205/\$65  | Surcharge - late filing fee or oath |                          | 127/\$50 | 227/\$25 | Surcharge-late provisional filing fee or cover sheet |          | 147/\$2,520 | 147/\$2,520   | For filing a request for reexamination  |  | 115/\$110 | 215/\$55 | Extension for response within first month† |          | 116/\$400 | 216/\$200 | Extension for response within second month† |     | 117/\$920              | 217/\$460                       | Extension for response within third month† |  | 118/\$1,440 | 218/\$720 | Extension for response within fourth month† |   | 128/\$1,960 | 228/\$980 | Extension for response within fifth month† |        | 119/\$320 | 219/\$160 | Notice of Appeal                                   |  | 141/\$1,280 | 241/\$640 | Petition to revive unintentionally abandoned application |  | 142/\$1,280 | 242/\$640 | Utility Issue Fee (Or Reissue) |  | 143/\$460 | 243/\$230 | Design Issue Fee |  | 122/\$130 | 122/\$130 | Petitions to the Commissioner |  | 126/\$180 | 126/\$180 | Submission of Information Disclosure Statement |  | 179/\$740 | 279/\$370 | Request for Continued Examination (RCE) |  | 581/\$40 | 581/\$40 | Recording each patent assignment per property (times number of properties) |  | 146/\$740 | 246/\$370 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 149/\$740 | 249/\$370 | For each additional invention to be examined (37 CFR 1.129(b)) |  | Other fee (specify): |  |  |  | Other fee (specify): |  |  |  | <b>SUBTOTAL (1)</b> |  | <b>(\$ .00 )</b> |  |  |  | <b>2. CLAIMS</b> <table border="1"> <thead> <tr> <th>Large Entity<br/>Fee Code/Fee</th> <th>Small Entity<br/>Fee Code/Fee</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>103/\$18</td><td>203/\$9</td><td>Claims in excess of 20</td></tr> <tr><td>102/\$84</td><td>202/\$42</td><td>Independent claims in excess of 3</td></tr> <tr><td>104/\$280</td><td>204/\$140</td><td>Multiple dependent claim</td></tr> <tr><td>109/\$84</td><td>209/\$42</td><td>Reissue independent claims over original patent</td></tr> <tr><td>110/\$18</td><td>210/\$9</td><td>Reissue claims in excess of 20 and over original patent</td></tr> </tbody> </table> |  | Large Entity<br>Fee Code/Fee | Small Entity<br>Fee Code/Fee | Fee Description | 103/\$18 | 203/\$9 | Claims in excess of 20 | 102/\$84 | 202/\$42 | Independent claims in excess of 3 | 104/\$280 | 204/\$140 | Multiple dependent claim | 109/\$84 | 209/\$42 | Reissue independent claims over original patent | 110/\$18 | 210/\$9 | Reissue claims in excess of 20 and over original patent | <b>SUBTOTAL (3)</b> <b>(\$ .00 )</b> <table border="1"> <thead> <tr> <th>(Col. 1)</th> <th>(Col. 2)</th> <th>(Col. 3)</th> <th>Fee</th> <th>Fee Due</th> </tr> <tr> <th>For</th> <th>No. of Existing Claims</th> <th>Highest No. Previously Paid For</th> <th>Extra**</th> <th></th> </tr> </thead> <tbody> <tr> <td>TOTAL</td> <td>minus*</td> <td>20 or 0</td> <td>=</td> <td>x</td> </tr> <tr> <td>INDEP</td> <td>minus*</td> <td>3 or 0</td> <td>=</td> <td>x</td> </tr> <tr> <td colspan="5">[ ] First presentation of multiple dependent claim</td> </tr> </tbody> </table> |  |  |  | (Col. 1) | (Col. 2) | (Col. 3) | Fee | Fee Due | For | No. of Existing Claims | Highest No. Previously Paid For | Extra** |  | TOTAL | minus* | 20 or 0 | = | x | INDEP | minus* | 3 or 0 | = | x | [ ] First presentation of multiple dependent claim |  |  |  |  | * Subtract the greater number of Col. 2 |  |  |  |  |  | <b>SUBTOTAL (2)</b> <b>(\$ .00 )</b> |  | ** If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3 |  |  |  |  |  |  |  |
| Large Entity<br>Fee Code/Fee   | Small Entity<br>Fee Code/Fee | Fee Description   | Fee Due                      |                 |          |                                      |                              |                 |          |                                   |           |                                     |                          |          |          |  |          |             |   |   |  |           |          |  |          |           |           |   |     |                        |                                 |  |  |             |           |   |   |             |           |  |        |           |           |  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |                  |  |  |  |  |  |                              |                              |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |   |  |  |  |          |          |          |     |         |     |                        |                                 |         |  |       |        |         |   |   |       |        |        |   |   |  |  |  |  |  |   |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |
| 105/\$130  | 205/\$65                     | Surcharge - late filing fee or oath   |                              |                 |          |                                      |                              |                 |          |                                   |           |                                     |                          |          |          |  |          |             |   |   |  |           |          |  |          |           |           |   |     |                        |                                 |  |  |             |           |   |   |             |           |  |        |           |           |  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |                  |  |  |  |  |  |                              |                              |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |   |  |  |  |          |          |          |     |         |     |                        |                                 |         |  |       |        |         |   |   |       |        |        |   |   |  |  |  |  |  |   |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |
| 127/\$50   | 227/\$25                     | Surcharge-late provisional filing fee or cover sheet  |                              |                 |          |                                      |                              |                 |          |                                   |           |                                     |                          |          |          |  |          |             |   |   |  |           |          |  |          |           |           |   |     |                        |                                 |  |  |             |           |   |   |             |           |  |        |           |           |  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |                  |  |  |  |  |  |                              |                              |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |   |  |  |  |          |          |          |     |         |     |                        |                                 |         |  |       |        |         |   |   |       |        |        |   |   |  |  |  |  |  |   |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |
| 147/\$2,520  | 147/\$2,520                  | For filing a request for reexamination  |                              |                 |          |                                      |                              |                 |          |                                   |           |                                     |                          |          |          |  |          |             |   |   |  |           |          |  |          |           |           |   |     |                        |                                 |  |  |             |           |   |   |             |           |  |        |           |           |  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |                  |  |  |  |  |  |                              |                              |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |   |  |  |  |          |          |          |     |         |     |                        |                                 |         |  |       |        |         |   |   |       |        |        |   |   |  |  |  |  |  |   |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |
| 115/\$110  | 215/\$55                     | Extension for response within first month†  |                              |                 |          |                                      |                              |                 |          |                                   |           |                                     |                          |          |          |  |          |             |   |   |  |           |          |  |          |           |           |   |     |                        |                                 |  |  |             |           |   |   |             |           |  |        |           |           |  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |                  |  |  |  |  |  |                              |                              |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |   |  |  |  |          |          |          |     |         |     |                        |                                 |         |  |       |        |         |   |   |       |        |        |   |   |  |  |  |  |  |   |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |
| 116/\$400  | 216/\$200                    | Extension for response within second month†   |                              |                 |          |                                      |                              |                 |          |                                   |           |                                     |                          |          |          |  |          |             |   |   |  |           |          |  |          |           |           |   |     |                        |                                 |  |  |             |           |   |   |             |           |  |        |           |           |  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |                  |  |  |  |  |  |                              |                              |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |   |  |  |  |          |          |          |     |         |     |                        |                                 |         |  |       |        |         |   |   |       |        |        |   |   |  |  |  |  |  |   |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |
| 117/\$920  | 217/\$460                    | Extension for response within third month†  |                              |                 |          |                                      |                              |                 |          |                                   |           |                                     |                          |          |          |  |          |             |   |   |  |           |          |  |          |           |           |   |     |                        |                                 |  |  |             |           |   |   |             |           |  |        |           |           |  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |                  |  |  |  |  |  |                              |                              |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |   |  |  |  |          |          |          |     |         |     |                        |                                 |         |  |       |        |         |   |   |       |        |        |   |   |  |  |  |  |  |   |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |
| 118/\$1,440  | 218/\$720                    | Extension for response within fourth month†   |                              |                 |          |                                      |                              |                 |          |                                   |           |                                     |                          |          |          |  |          |             |   |   |  |           |          |  |          |           |           |   |     |                        |                                 |  |  |             |           |   |   |             |           |  |        |           |           |  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |                  |  |  |  |  |  |                              |                              |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |   |  |  |  |          |          |          |     |         |     |                        |                                 |         |  |       |        |         |   |   |       |        |        |   |   |  |  |  |  |  |   |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |
| 128/\$1,960  | 228/\$980                    | Extension for response within fifth month†  |                              |                 |          |                                      |                              |                 |          |                                   |           |                                     |                          |          |          |  |          |             |   |   |  |           |          |  |          |           |           |   |     |                        |                                 |  |  |             |           |   |   |             |           |  |        |           |           |  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |                  |  |  |  |  |  |                              |                              |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |   |  |  |  |          |          |          |     |         |     |                        |                                 |         |  |       |        |         |   |   |       |        |        |   |   |  |  |  |  |  |   |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |
| 119/\$320  | 219/\$160                    | Notice of Appeal  |                              |                 |          |                                      |                              |                 |          |                                   |           |                                     |                          |          |          |  |          |             |   |   |  |           |          |  |          |           |           |   |     |                        |                                 |  |  |             |           |   |   |             |           |  |        |           |           |  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |                  |  |  |  |  |  |                              |                              |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |   |  |  |  |          |          |          |     |         |     |                        |                                 |         |  |       |        |         |   |   |       |        |        |   |   |  |  |  |  |  |   |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |
| 141/\$1,280  | 241/\$640                    | Petition to revive unintentionally abandoned application  |                              |                 |          |                                      |                              |                 |          |                                   |           |                                     |                          |          |          |  |          |             |   |   |  |           |          |  |          |           |           |   |     |                        |                                 |  |  |             |           |   |   |             |           |  |        |           |           |  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |                  |  |  |  |  |  |                              |                              |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |   |  |  |  |          |          |          |     |         |     |                        |                                 |         |  |       |        |         |   |   |       |        |        |   |   |  |  |  |  |  |   |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |
| 142/\$1,280  | 242/\$640                    | Utility Issue Fee (Or Reissue)  |                              |                 |          |                                      |                              |                 |          |                                   |           |                                     |                          |          |          |  |          |             |   |   |  |           |          |  |          |           |           |   |     |                        |                                 |  |  |             |           |   |   |             |           |  |        |           |           |  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |                  |  |  |  |  |  |                              |                              |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |   |  |  |  |          |          |          |     |         |     |                        |                                 |         |  |       |        |         |   |   |       |        |        |   |   |  |  |  |  |  |   |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |
| 143/\$460  | 243/\$230                    | Design Issue Fee  |                              |                 |          |                                      |                              |                 |          |                                   |           |                                     |                          |          |          |  |          |             |   |   |  |           |          |  |          |           |           |   |     |                        |                                 |  |  |             |           |   |   |             |           |  |        |           |           |  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |                  |  |  |  |  |  |                              |                              |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |   |  |  |  |          |          |          |     |         |     |                        |                                 |         |  |       |        |         |   |   |       |        |        |   |   |  |  |  |  |  |   |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |
| 122/\$130  | 122/\$130                    | Petitions to the Commissioner   |                              |                 |          |                                      |                              |                 |          |                                   |           |                                     |                          |          |          |  |          |             |   |   |  |           |          |  |          |           |           |   |     |                        |                                 |  |  |             |           |   |   |             |           |  |        |           |           |  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |                  |  |  |  |  |  |                              |                              |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |   |  |  |  |          |          |          |     |         |     |                        |                                 |         |  |       |        |         |   |   |       |        |        |   |   |  |  |  |  |  |   |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |
| 126/\$180  | 126/\$180                    | Submission of Information Disclosure Statement  |                              |                 |          |                                      |                              |                 |          |                                   |           |                                     |                          |          |          |  |          |             |   |   |  |           |          |  |          |           |           |   |     |                        |                                 |  |  |             |           |   |   |             |           |  |        |           |           |  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |                  |  |  |  |  |  |                              |                              |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |   |  |  |  |          |          |          |     |         |     |                        |                                 |         |  |       |        |         |   |   |       |        |        |   |   |  |  |  |  |  |   |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |
| 179/\$740  | 279/\$370                    | Request for Continued Examination (RCE)   |                              |                 |          |                                      |                              |                 |          |                                   |           |                                     |                          |          |          |  |          |             |   |   |  |           |          |  |          |           |           |   |     |                        |                                 |  |  |             |           |   |   |             |           |  |        |           |           |  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |                  |  |  |  |  |  |                              |                              |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |   |  |  |  |          |          |          |     |         |     |                        |                                 |         |  |       |        |         |   |   |       |        |        |   |   |  |  |  |  |  |   |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |
| 581/\$40   | 581/\$40                     | Recording each patent assignment per property (times number of properties)  |                              |                 |          |                                      |                              |                 |          |                                   |           |                                     |                          |          |          |  |          |             |   |   |  |           |          |  |          |           |           |   |     |                        |                                 |  |  |             |           |   |   |             |           |  |        |           |           |  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |                  |  |  |  |  |  |                              |                              |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |   |  |  |  |          |          |          |     |         |     |                        |                                 |         |  |       |        |         |   |   |       |        |        |   |   |  |  |  |  |  |   |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |
| 146/\$740  | 246/\$370                    | Filing a submission after final rejection (37 CFR 1.129(a))   |                              |                 |          |                                      |                              |                 |          |                                   |           |                                     |                          |          |          |  |          |             |   |   |  |           |          |  |          |           |           |   |     |                        |                                 |  |  |             |           |   |   |             |           |  |        |           |           |  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |                  |  |  |  |  |  |                              |                              |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |   |  |  |  |          |          |          |     |         |     |                        |                                 |         |  |       |        |         |   |   |       |        |        |   |   |  |  |  |  |  |   |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |
| 149/\$740  | 249/\$370                    | For each additional invention to be examined (37 CFR 1.129(b))  |                              |                 |          |                                      |                              |                 |          |                                   |           |                                     |                          |          |          |  |          |             |   |   |  |           |          |  |          |           |           |   |     |                        |                                 |  |  |             |           |   |   |             |           |  |        |           |           |  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |                  |  |  |  |  |  |                              |                              |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |   |  |  |  |          |          |          |     |         |     |                        |                                 |         |  |       |        |         |   |   |       |        |        |   |   |  |  |  |  |  |   |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |
| Other fee (specify):   |                              |   |                              |                 |          |                                      |                              |                 |          |                                   |           |                                     |                          |          |          |  |          |             |   |   |  |           |          |  |          |           |           |   |     |                        |                                 |  |  |             |           |   |   |             |           |  |        |           |           |  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |                  |  |  |  |  |  |                              |                              |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |   |  |  |  |          |          |          |     |         |     |                        |                                 |         |  |       |        |         |   |   |       |        |        |   |   |  |  |  |  |  |   |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |
| Other fee (specify):   |                              |   |                              |                 |          |                                      |                              |                 |          |                                   |           |                                     |                          |          |          |  |          |             |   |   |  |           |          |  |          |           |           |   |     |                        |                                 |  |  |             |           |   |   |             |           |  |        |           |           |  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |                  |  |  |  |  |  |                              |                              |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |   |  |  |  |          |          |          |     |         |     |                        |                                 |         |  |       |        |         |   |   |       |        |        |   |   |  |  |  |  |  |   |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |
| <b>SUBTOTAL (1)</b>  |                              | <b>(\$ .00 )</b>  |                              |                 |          |                                      |                              |                 |          |                                   |           |                                     |                          |          |          |  |          |             |   |   |  |           |          |  |          |           |           |   |     |                        |                                 |  |  |             |           |   |   |             |           |  |        |           |           |  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |                  |  |  |  |  |  |                              |                              |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |   |  |  |  |          |          |          |     |         |     |                        |                                 |         |  |       |        |         |   |   |       |        |        |   |   |  |  |  |  |  |   |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |
| <b>2. CLAIMS</b> <table border="1"> <thead> <tr> <th>Large Entity<br/>Fee Code/Fee</th> <th>Small Entity<br/>Fee Code/Fee</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>103/\$18</td><td>203/\$9</td><td>Claims in excess of 20</td></tr> <tr><td>102/\$84</td><td>202/\$42</td><td>Independent claims in excess of 3</td></tr> <tr><td>104/\$280</td><td>204/\$140</td><td>Multiple dependent claim</td></tr> <tr><td>109/\$84</td><td>209/\$42</td><td>Reissue independent claims over original patent</td></tr> <tr><td>110/\$18</td><td>210/\$9</td><td>Reissue claims in excess of 20 and over original patent</td></tr> </tbody> </table> |                              | Large Entity<br>Fee Code/Fee  | Small Entity<br>Fee Code/Fee | Fee Description | 103/\$18 | 203/\$9                              | Claims in excess of 20       | 102/\$84        | 202/\$42 | Independent claims in excess of 3 | 104/\$280 | 204/\$140                           | Multiple dependent claim | 109/\$84 | 209/\$42 | Reissue independent claims over original patent      | 110/\$18 | 210/\$9     | Reissue claims in excess of 20 and over original patent | <b>SUBTOTAL (3)</b> <b>(\$ .00 )</b> <table border="1"> <thead> <tr> <th>(Col. 1)</th> <th>(Col. 2)</th> <th>(Col. 3)</th> <th>Fee</th> <th>Fee Due</th> </tr> <tr> <th>For</th> <th>No. of Existing Claims</th> <th>Highest No. Previously Paid For</th> <th>Extra**</th> <th></th> </tr> </thead> <tbody> <tr> <td>TOTAL</td> <td>minus*</td> <td>20 or 0</td> <td>=</td> <td>x</td> </tr> <tr> <td>INDEP</td> <td>minus*</td> <td>3 or 0</td> <td>=</td> <td>x</td> </tr> <tr> <td colspan="5">[ ] First presentation of multiple dependent claim</td> </tr> </tbody> </table> |  |           |          | (Col. 1)                                   | (Col. 2) | (Col. 3)  | Fee       | Fee Due                                     | For | No. of Existing Claims | Highest No. Previously Paid For | Extra**                                    |  | TOTAL       | minus*    | 20 or 0                                     | = | x           | INDEP     | minus*                                     | 3 or 0 | =         | x         | [ ] First presentation of multiple dependent claim |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |                  |  |  |  |  |  |                              |                              |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |   |  |  |  |          |          |          |     |         |     |                        |                                 |         |  |       |        |         |   |   |       |        |        |   |   |  |  |  |  |  |   |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |
| Large Entity<br>Fee Code/Fee   | Small Entity<br>Fee Code/Fee | Fee Description   |                              |                 |          |                                      |                              |                 |          |                                   |           |                                     |                          |          |          |  |          |             |   |   |  |           |          |  |          |           |           |   |     |                        |                                 |  |  |             |           |   |   |             |           |  |        |           |           |  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |                  |  |  |  |  |  |                              |                              |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |   |  |  |  |          |          |          |     |         |     |                        |                                 |         |  |       |        |         |   |   |       |        |        |   |   |  |  |  |  |  |   |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |
| 103/\$18   | 203/\$9                      | Claims in excess of 20  |                              |                 |          |                                      |                              |                 |          |                                   |           |                                     |                          |          |          |  |          |             |   |   |  |           |          |  |          |           |           |   |     |                        |                                 |  |  |             |           |   |   |             |           |  |        |           |           |  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |                  |  |  |  |  |  |                              |                              |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |   |  |  |  |          |          |          |     |         |     |                        |                                 |         |  |       |        |         |   |   |       |        |        |   |   |  |  |  |  |  |   |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |
| 102/\$84   | 202/\$42                     | Independent claims in excess of 3   |                              |                 |          |                                      |                              |                 |          |                                   |           |                                     |                          |          |          |  |          |             |   |   |  |           |          |  |          |           |           |   |     |                        |                                 |  |  |             |           |   |   |             |           |  |        |           |           |  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |                  |  |  |  |  |  |                              |                              |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |   |  |  |  |          |          |          |     |         |     |                        |                                 |         |  |       |        |         |   |   |       |        |        |   |   |  |  |  |  |  |   |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |
| 104/\$280  | 204/\$140                    | Multiple dependent claim  |                              |                 |          |                                      |                              |                 |          |                                   |           |                                     |                          |          |          |  |          |             |   |   |  |           |          |  |          |           |           |   |     |                        |                                 |  |  |             |           |   |   |             |           |  |        |           |           |  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |                  |  |  |  |  |  |                              |                              |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |   |  |  |  |          |          |          |     |         |     |                        |                                 |         |  |       |        |         |   |   |       |        |        |   |   |  |  |  |  |  |   |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |
| 109/\$84   | 209/\$42                     | Reissue independent claims over original patent   |                              |                 |          |                                      |                              |                 |          |                                   |           |                                     |                          |          |          |  |          |             |   |   |  |           |          |  |          |           |           |   |     |                        |                                 |  |  |             |           |   |   |             |           |  |        |           |           |  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |                  |  |  |  |  |  |                              |                              |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |   |  |  |  |          |          |          |     |         |     |                        |                                 |         |  |       |        |         |   |   |       |        |        |   |   |  |  |  |  |  |   |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |
| 110/\$18   | 210/\$9                      | Reissue claims in excess of 20 and over original patent   |                              |                 |          |                                      |                              |                 |          |                                   |           |                                     |                          |          |          |  |          |             |   |   |  |           |          |  |          |           |           |   |     |                        |                                 |  |  |             |           |   |   |             |           |  |        |           |           |  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |                  |  |  |  |  |  |                              |                              |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |   |  |  |  |          |          |          |     |         |     |                        |                                 |         |  |       |        |         |   |   |       |        |        |   |   |  |  |  |  |  |   |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |
| (Col. 1)   | (Col. 2)                     | (Col. 3)  | Fee                          | Fee Due         |          |                                      |                              |                 |          |                                   |           |                                     |                          |          |          |  |          |             |   |   |  |           |          |  |          |           |           |   |     |                        |                                 |  |  |             |           |   |   |             |           |  |        |           |           |  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |                  |  |  |  |  |  |                              |                              |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |   |  |  |  |          |          |          |     |         |     |                        |                                 |         |  |       |        |         |   |   |       |        |        |   |   |  |  |  |  |  |   |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |
| For  | No. of Existing Claims       | Highest No. Previously Paid For   | Extra**                      |                 |          |                                      |                              |                 |          |                                   |           |                                     |                          |          |          |  |          |             |   |   |  |           |          |  |          |           |           |   |     |                        |                                 |  |  |             |           |   |   |             |           |  |        |           |           |  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |                  |  |  |  |  |  |                              |                              |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |   |  |  |  |          |          |          |     |         |     |                        |                                 |         |  |       |        |         |   |   |       |        |        |   |   |  |  |  |  |  |   |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |
| TOTAL  | minus*                       | 20 or 0   | =                            | x               |          |                                      |                              |                 |          |                                   |           |                                     |                          |          |          |  |          |             |   |   |  |           |          |  |          |           |           |   |     |                        |                                 |  |  |             |           |   |   |             |           |  |        |           |           |  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |                  |  |  |  |  |  |                              |                              |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |   |  |  |  |          |          |          |     |         |     |                        |                                 |         |  |       |        |         |   |   |       |        |        |   |   |  |  |  |  |  |   |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |
| INDEP  | minus*                       | 3 or 0  | =                            | x               |          |                                      |                              |                 |          |                                   |           |                                     |                          |          |          |  |          |             |   |   |  |           |          |  |          |           |           |   |     |                        |                                 |  |  |             |           |   |   |             |           |  |        |           |           |  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |                  |  |  |  |  |  |                              |                              |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |   |  |  |  |          |          |          |     |         |     |                        |                                 |         |  |       |        |         |   |   |       |        |        |   |   |  |  |  |  |  |   |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |
| [ ] First presentation of multiple dependent claim   |                              |   |                              |                 |          |                                      |                              |                 |          |                                   |           |                                     |                          |          |          |  |          |             |   |   |  |           |          |  |          |           |           |   |     |                        |                                 |  |  |             |           |   |   |             |           |  |        |           |           |  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |                  |  |  |  |  |  |                              |                              |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |   |  |  |  |          |          |          |     |         |     |                        |                                 |         |  |       |        |         |   |   |       |        |        |   |   |  |  |  |  |  |   |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |
| * Subtract the greater number of Col. 2  |                              |   |                              |                 |          | <b>SUBTOTAL (2)</b> <b>(\$ .00 )</b> |                              |                 |          |                                   |           |                                     |                          |          |          |  |          |             |   |   |  |           |          |  |          |           |           |   |     |                        |                                 |  |  |             |           |   |   |             |           |  |        |           |           |  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |                  |  |  |  |  |  |                              |                              |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |   |  |  |  |          |          |          |     |         |     |                        |                                 |         |  |       |        |         |   |   |       |        |        |   |   |  |  |  |  |  |   |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |
| ** If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3   |                              |   |                              |                 |          |                                      |                              |                 |          |                                   |           |                                     |                          |          |          |  |          |             |   |   |  |           |          |  |          |           |           |   |     |                        |                                 |  |  |             |           |   |   |             |           |  |        |           |           |  |  |             |           |  |  |             |           |                                |  |           |           |                  |  |           |           |                               |  |           |           |  |  |           |           |   |  |          |          |  |  |           |           |   |  |           |           |  |  |                      |  |  |  |                      |  |  |  |                     |  |                  |  |  |  |  |  |                              |                              |                 |          |         |                        |          |          |                                   |           |           |                          |          |          |   |          |         |   |   |  |  |  |          |          |          |     |         |     |                        |                                 |         |  |       |        |         |   |   |       |        |        |   |   |  |  |  |  |  |   |  |  |  |  |  |                                      |  |  |  |  |  |  |  |  |  |

| SUBMITTED BY          |                         | Complete (if applicable) |              |
|-----------------------|-------------------------|--------------------------|--------------|
| Typed or Printed Name | Bradley D. Baugh        | Reg. Number              | 50,368       |
| Signature             | <i>Bradley D. Baugh</i> | Date                     | 28 June 2002 |

† Request for Extension of Time per 37 CFR 1.136 (a)(3) made hereby